CASE REPORTS

Hypernephroma—Disappearance of Metastasis After Nephrectomy

R. J. PRENTISS, M.D., F. G. HOLLANDER, M.D., R. B. MULLENIX, M.D., M. J. FEENEY, M.D., and G. E. HOWE, M.D., San Diego

HOST RESISTANCE AFFECTS the development of malignant tumors, as do the biologic potential of the tumor and genetic factors. However, the exact reasons for disappearance of metastatic lesions after removal of the primary tumor, are not clear.[1-4]

In the present case, as in many another reported in the literature, pulmonary lesions metastatic from a hypernephroma disappeared after the primary tumor was excised.

REPORT OF A CASE

The patient, a 63-year-old woman, entered the hospital in 1947 with complaint of gross hematuria associated with right renal colic. Secondary complaints were weakness and a heavy mobile mass in the right side of the abdomen. Upon physical examination, pallor, moist rales in both lungs and the presence of a round, smooth, movable mass 15 cm. in diameter in the right flank, were noted.

Results of laboratory studies showed hematuria, pyuria and moderate secondary anemia. The blood urea nitrogen was normal.

In excretory urograms the left kidney and the bladder appeared normal. On the right, pelvic and calyceal deformity typical of renal neoplasm were visualized. Multiple large bilateral pulmonary metastatic lesions were seen in a film of the chest.

The diagnosis was: Hypernephroma, right, with pulmonary metastasis. Informed that the situation was incurable, the patient insisted on surgical removal of the kidney to relieve pain and bleeding. But also she said, "Doctor, if you remove the mother, the daughters will disappear."

Therefore, at the insistence of the patient and the family, and for the relief of local discomfort, right nephrectomy was performed and at operation the pedicle and the renal vein were observed to be involved in the tumor.

The specimen was typical hypernephroma weigh-

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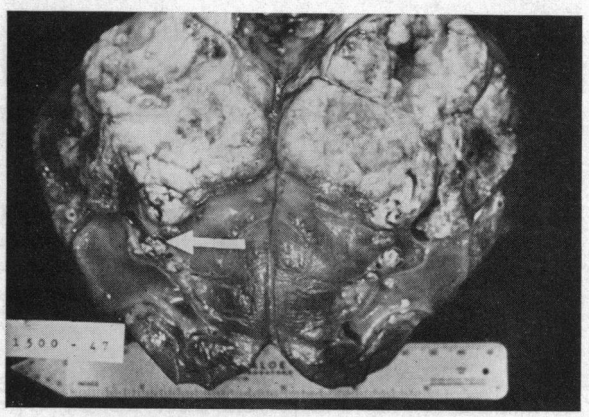

Figure 1.—Gross specimen of hypernephroma removed.

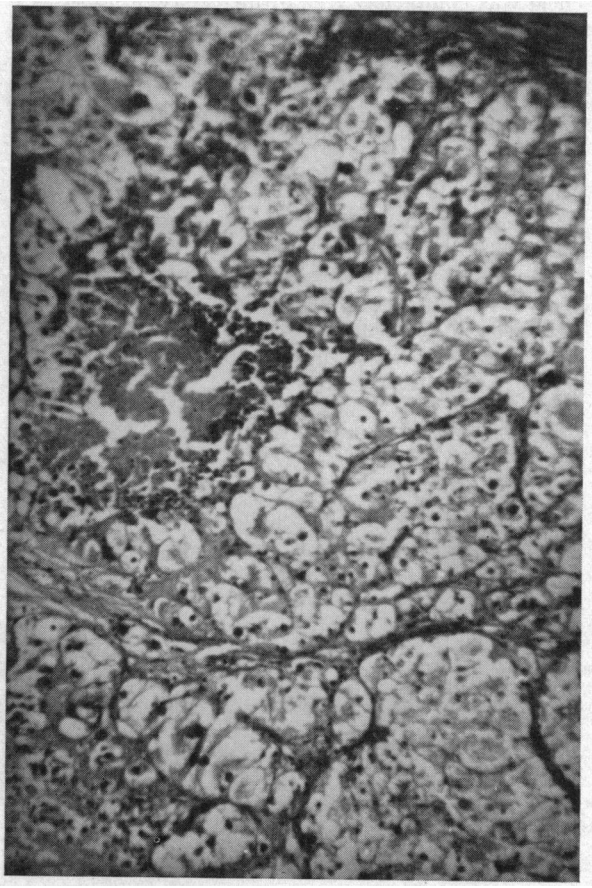

Figure 2.—Photomicrograph of sections of hypernephroma removed (×430).

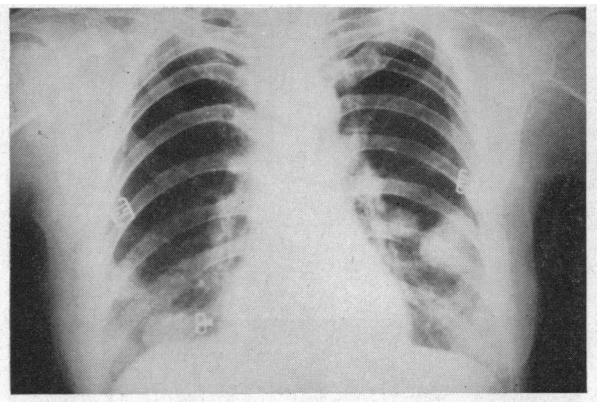

Figure 3.—Chest film three months after removal of primary lesion (in 1947), showing multiple metastasis presumably from hypernephroma.

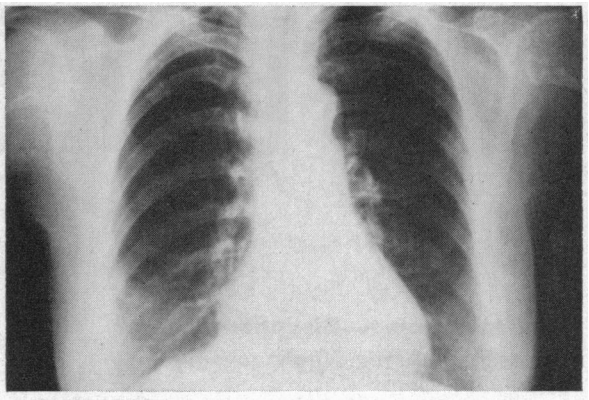

Figure 4.—Latest chest film (1962) showing no metastatic lesions.

ing 540 grams (Figure 1). The pathologist found the renal vein blocked by tumor. Upon microscopic examination it was observed to be clear cell hypernephroma, grade IV (Figure 2).

The patient's health has been excellent in the 15 years since the operation. Films of the chest were taken occasionally during that time. Multiple areas of metastasis were still present three months after nephrectomy (Figure 3) but ten months later the chest was completely free of metastatic lesions, as it was when the most recent film was taken, early in 1962 (Figure 4). Upon examination of the patient, of a specimen of urine and of the remaining kidney, no evidence of disease was found. She was in good health and felt well.

DISCUSSION

We have performed nephrectomy on three other patients with pulmonary metastasis from hypernephroma without altering the progression of the disease. However, we believe that nephrectomy is justified even though there may be distant metastasis, not only to relieve pain and stop hemorrhage from the kidney, but in the hope that secondary metastatic areas will regress. We never hesitate to advise nephrectomy in the presence of distant metastasis from hypernephroma. Other observers have reported removing solitary metastatic areas from the chest, from the renal incision and even from bone. In general, excision of recurrent tumor growth at the original or at distant sites is not wise; but in the case of hypernephroma it must be seriously considered, as occasional cures or control may be expected.

3415 Sixth Avenue, San Diego 3 (Prentiss).

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